

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-675)

SERIAL NO.  
09/1674851

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2								
TOTAL DEP.	30	↔	30	↔							
TOTAL CLM'S	32		31								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS